



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name Northern		First Name Bruce		Middle Name Alan		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 5005 mindy Dr.				5. FAX (Optional)		6. E-mail Address (Optional) Bruce.Northern@gmail.com			
7. City Lawrence		State IN	ZIP Code 46235	8. County Marion		9. Telephone (Day) 317 989-0873		10. Telephone (Evening) 317 757-5962	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Lawrence Common Council District 2					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Leadership For the Lawrence									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 5005 mindy Dr.				15. FAX (Optional)		16. E-mail Address (Optional)			
17. City Lawrence		State IN	ZIP Code 46235	18. County Marion		19. Telephone 317 757-5962		20. Committee Organization Date (MM-DD-YY) 01/29/15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Bruce Alan Northern									
22. Mailing Address <input type="checkbox"/> Check if this is a new address 5005 mindy Dr.				23. FAX (Optional)		24. E-mail Address (Optional)			
25. City Lawrence		State IN	ZIP Code 46235	26. County Marion		27. Telephone (Day) 317 989-0873		28. Telephone (Evening) 317 757-5962	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Wood Forest National									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer TESS BURNS		Signature of the Committee Chairperson <i>Bruce Northern</i>			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer TESS KATHLEEN BURNS									
34. Mailing Address <input type="checkbox"/> Check if this is a new address 9432 CHAMPTON DRIVE				35. FAX (Optional) N/A		36. E-mail Address (Optional) TESSKB328@GMAIL.COM			
37. City INDIANAPOLIS		State IN	ZIP Code 46256	38. County MARION		39. Telephone (Day) 317 410-5163		40. Telephone (Evening) 317 410-5163	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment <i>Tess Burns</i>			
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson Bruce A. Northern		Signature of Chairperson <i>Bruce Northern</i>				Date (MM-DD-YY) 1/29/15			
43. Typed or Printed Name of Candidate Bruce A. Northern		Signature of Candidate <i>Bruce Northern</i>				Date (MM-DD-YY) 1/29/15			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									

FOR OFFICE USE ONLY

Myra A. Eldridge

JAN 29 2015

FILED